Attorney Docket No.: 016930-000816US

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

On ///21/03

TOWNSEND and TOWNSEND and CREW LLP

Bv:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Heidrun Engler et al.

Application No.: 10/055,863

Filed: January 22, 2002

For: COMPOSITIONS AND METHODS FOR ENHANCING DELIVERY OF THERAPEUTIC AGENTS TO CELLS

Customer No.: 20350

Confirmation No. 4929

**Examiner: WILSON** 

Technology Center/Art Unit: 1632

**RESPONSE TO RESTRICTION** 

REQUIREMENT AND AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

12/03/2003 WABRHAM1 00000006 201430 10055863

01 FC:1202 126.00 DA

1067			PTO/SB/21 (08-03		
		Application Number	10/055,863		
TRANSMITTAL FORM		Filing Date	January 22, 2002		
		First Named Inventor	Engler, Heidrun		
(to be used for all correspondence after initial filing)		Art Unit	1632		
		Examiner Name	Wilson		
Total Number of Pages in This Submission		Attorney Docket Number	016930-000816US		
	ENC	LOSURES (Check all that app	ly)		
Fee Transmittal Form	☐ Drawin	g(s)	After Allowance Communication to Group		
Fee Attached	Licens	ing-related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment/Response to Restriction Requirement	Petition	1	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final		n to Convert to a onal Application	Proprietary Information		
Affidavits/declaration(s)		of Attorney, Revocation e of Correspondence Address	Status Letter		
Extension of Time Request	☐ Termin	al Disclaimer	Other Enclosure(s) (please identify below):		
Express Abandonment Request	1 = '	st for Refund umber of CD(s)	Return Postcard		
☐ Information Disclosure Statement					
Certified Copy of Priority Document(s)	Rema	The Commissioner is authorized to charge any additional fees to Depos Account 20-1430.			
Response to Missing Parts/ Incomplete Application					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
		F APPLICANT, ATTORNEY	, OR AGENT		
Firm Townsend and		/			
Individual Joseph R. Sny	ier //	Reg. N	lo. 39,381		
Signature Four	n-An				
Date November 21,	2003				
	CERTIFIC	ATE OF TRANSMISSION/M	AILING		
I hereby certify that this correspondence is bein as first class mail in an envelope addressed to:	g facsimile trans Commissioner f	mitted to the USPTO or deposited wi or Patents, P.O. Box 1450, Alexandri	th the United States Postal Service with sufficient postage a, VA 22313-1450 on the date shown below.		
Typed or printed name Judith Cot	nam				
Signature	a Col	)a-	Date November 21, 2003		

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PTO/SB/17 (10-03)

November 21, 2003

Date

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A [1]		P10/36/17 (10-03)				
	Complete if Known					
# TEE INANSIVII I AL	Application Number	10/055,863	Known 002 un			
FEE TRANSMITTAL  for FY 2004	Filing Date	January 22, 2002				
Effective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor	Engler, Heidrun				
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Wilson				
	Art Unit	1632				
TOTAL AMOUNT OF PAYMENT (\$) 126	Attorney Docket No.	016930-000816US	_			

METHOD OF	PAYMENT (check all that apply)				EEE A	ALCIU ATION (con	tinund)	
		3. ADI	DITIONA	L FEES	PEE U	ALCULATION (con	unued)	
Check Credit Card	Money Order Other None			1				
Deposit Account:		Large	Entity		Entity			Ean
Deposit		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee De	scription	Fee Paid
Account 20-14	30	1051	130	2051	65	Surcharge - late fi	ling fee or oath	
Number		1052	50	2052	25	· ·	rovisional filing fee	
Deposit Townsen	nd and Townsond and Crow LLP	1053	130	1053	130	Non-English spec	ification .	
Account Townsend and Crew LLP Name		1812	2,520	1812	2,520	For filing a reques	t for reexamination	
The Director is authorized to:		1804	920*	1804	920*	Requesting public Examiner action	ation of SIR prior to	
Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)			1,840*	1805	1,840*	Requesting public Examiner action		
Charge fee(s) indicated bel	ow, except for the filing fee	1251	110	2251	55	Extension for repl	y within first month	
to the above-identified deposit account.			420	2252	210	Extension for repl		
	E CALCULATION	1253	950	2253	475		y within third month	
BASIC FILING FEE Large Entity   Small Entity		1254	1,480	2254	740	Extension for repl	-	
Fee Fee Fee Fee	Fee Description Fee Paid	1255	2,010	2255	1,005	Extension for repl	y within fifth month	
Code (\$)   Code (\$)		1401	330	2401	165	Notice of Appeal		
1001 770 2001 385	Utility filing fee	1402	330	2402	165	Filing a brief in su	pport of an appeal	
1002 340 2002 170	Design filing fee	1403	290	2403	145	Request for oral h	earing	
1003 530 2003 265 1004 770 2004 385	Plant filing fee Reissue filing fee	1451	1,510	1451	1,510	Petition to institute proceeding	e a public use	
1005 160 2005 80	Provisional filing fee	1452	110	2452	55	Petition to revive	- unavoidable	
		1453	1,330	2453	655	Petition to revive -	- unintentional	
SUBTO	OTAL (1) (\$)	1501	1,330	2501	655	Utility issue fee (o	r reissue)	
2. FXTRA CLAIM FEES	FOR UTILITY AND REISSUE	1502	480	2502	240	Design issue fee		
	<del></del>	1503 .	640	2503	320	Plant issue fee		
F	Fee from Extra Claims below Fee Paid	1460	130	1460	130	Petitions to the Co	ommissioner	
Total Claims 88 -81** =	7 X\$18 = \$126	1807	50	1807	50	Petitions related to applications	o provisional	
Independent Claims -** =	0 \$86 = \$0	1806	180	1806	180	Submission of Info Stmt	ormation Disclosure	
Multiple Dependent	X	8021	40	8021	40	Recording each p per property (time properties)		
Large Entity Small Entity Fee Fee Fee F	ee Foo Doordintion	1809	770	2809	385	Filing a submissio (37 CFR § 1.129(	on after final rejection	
	Fee Description  9 Claims in excess of 20	1810	770	2810	385	For each addition examined (37 CFI	al invention to be	
1201 86 2201	43 Independent claims in excess of 3	1801	770	2801	385	•	nued Examination	
	45 Multiple dependent claim, if not paid  ** Reissue independent claims	1802	900	1802	900	Request for expect of a design applic		
1205 18 2205	over original patent  ** Reissue claims in excess of 20	Other fo	ee (spec	ify)	•			
and over original patent			*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
**or number previously paid, if gr	UBTOTAL (2) (\$)126 eater; For Reissues, see above	Keaud	eu by B	asic Filing	, ree Pa	O SUBTUTAL (S	"	
SUBMITTED BY						Com	plete (if applicable)	
Name (Print/Type)	loseph R. Snyder Registration No. (Atto	omey/Agent	) 3	39,381		Telephone	925-472-5000	

Signature